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S.D. SEC. OF STATE

ELECTED OFFICIAL
Statement of Financial Interest

Who files: All Elected Officials for *State office* (Governor, Lieutenant Governor, State Treasurer, Attorney General, Secretary of State, State Auditor, Public Utilities Commissioner and Commissioner of School and Public Lands, Supreme Court Justice, circuit court judge and State Legislator; SDCL 3-1A-2); *Gubernatorial appointee* (for whom Senate confirmation is required; SDCL 3-1A-3); and Elected officials in *Local Office* (County Commissioner, School Board Member in a school district with a total enrollment of more than 2,000 students or Commissioner, Council Member or Mayor in 1st Class Municipalities; SDCL 3-1A-4).

Deadline to file: Within 15 days after assuming office.

File with: The Secretary of State except local candidates file with the office where they file their oath of office.

Please print:
Full Name RICHARD BLAKE CURD

Complete Address 38 S RIVERVIEW HTS SF SD 57108

Office Sought *(list District number if applicable)* SENATOR

What is your occupation/profession? ORTHOPAEDIC SURGEON / CHIEF EXECUTIVE

****If there are no changes from your previously filed CANDIDATE Financial Interest Statement check the box and sign and date below.**

☐ NO Changes

List any **enterprise** (any business or economic relationship) which accounted for **more than 10%** of or contributed **more than $2,000** to your family's *(includes spouse, minor children living at home)* **gross income** in the preceding calendar year or an enterprise in which you or an immediate family member(s) **controls more than 10% of the capital or stock.** Identify who receives the income from each enterprise but do not include the value. (SDCL 3-1A)

Name of Candidate or Family Member	**Name of Enterprise**	**Enterprise Relationship** (Ex: employee, officer, director, associate, shareholder, member, partner, proprietor, etc.)
R. BLAKE CURD	ORTHOPEDIC INSTITUTE	PARTNER / OWNER
" "	SIOUX FALLS SPECIALTY HOSPITAL	OWNER / CHIEF EXECUTIVE
" "	SURGICAL MANAGEMENT PROFESSIONALS	CHAIRMAN of BOARD / OWNER
" "	MEDICAL FACILITIES CORPORATION	BOARD MEMBER

I declare under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of my financial interests for the preceding calendar year.

(Signature) _____ 1/11/2017 (Date)

last updated April 27, 2016